

Bureau of Health Care Quality and Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4251AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 11/16/2009 |
| NAME OF PROVIDER OR SUPPLIER SILVER SKY ASSISTED LIVING | | STREET ADDRESS, CITY, STATE, ZIP CODE 8220 SILVER SKY DRIVE LAS VEGAS, NV 89145 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Y 000 | Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/16/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 96 Residential Facility for Group beds for elderly and disabled persons, 82 Category I and 14 Category II residents. The census at the time of the survey was 85. Ten resident files were reviewed and 20 employee files were reviewed. One discharged resident file was reviewed. The facility received a Grade of A. The following deficiencies were identified: | Y 000 | | |
| Y 103 SS=F | 449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: | Y 103 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 103 | Continued From page 1 Based on record review on 11/16/09, the facility failed to ensure 1 of 10 employees complied with NAC 441A.375 regarding tuberculosis testing (Employee #5) for the protection of all residents. Employee #5's file failed to provide documentation of a positive tuberculosis test, a negative chest x-ray dated 8/22/09 was in the file. Severity: 2 Scope: 3 | Y 103 | | |
| Y 321 SS=F | 449.220(2)(a)(b) Bedroom Doors - Single Motion Locks NAC 449.220 2. A bedroom door must not be equipped with a deadbolt lock or chain stop unless the door opens directly to the outside of the facility. The doors of a bedroom and the doors of the closets in the bedroom may be equipped with locks for use by residents if: (a) The doors may be unlocked with a single motion from inside the bedroom or closet without the use of a key. (b) The doors of the bedrooms may be unlocked from outside the room and the keys are readily available at all times. This Regulation is not met as evidenced by: Based on observation on 11/16/09, the facility failed to ensure the 90 front bedroom doors were not equipped with a deadlock lock that could be opened with a single motion. | Y 321 | | |

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| Y 321 | Continued From page 2 Severity: 2 Scope: 3 | Y 321 | | |
| Y 878 SS=E | <p>449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 11/19/09, the facility failed to ensure 7 of 20 residents received medications as prescribed (Resident #1, #3, #8, #11, #13, #16 and #20).</p> <p>Resident #1 was prescribed Namenda 5 milligrams (mg) one tablet by mouth every day at 8:00 AM. Resident missed 10/3/09 and 10/4/09 doses, medication technician noted the medication was unavailable.</p> <p>Resident #3 was prescribed Lactinex 100 milli cell gram as needed (PRN) mix one packet over food and take by mouth three times daily. Medication was unavailable.</p> <p>Resident #8 was prescribed Tylenol 650 mg two tablets by mouth PRN, the November 2009</p> | Y 878 | | |

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| Y 878 | <p>Continued From page 3</p> <p>medication administration record (MAR) documented Tylenol 500 mg two tablets by mouth PRN. - Lidoderm 700 mg patch every 12 hours PRN. Medication was unavailable.</p> <p>Resident #11 was prescribed Fish Oil 1400 mg one tablet by mouth twice a day. The November 2009 MAR documented 1200 mg one tablet by mouth twice a day.</p> <p>Resident #13 was prescribed Requip .5 mg one tablet by mouth twice a day. The November 2009 MAR documented the medication was administered PRN. -Prochlorprazine Maleate 10 milliequilivents (mEq) one tablet by mouth every six hours PRN. Medication was unavailable.</p> <p>Resident #14 was prescribed Buspirone HCL 5 mg one tablet by mouth three times a day at 8:00 AM, 2:00 PM, and 8:00 PM. Resident missed two doses of medication on 10/31/09 8:00 AM and 2:00 PM, medication technician noted awaiting delivery from Assist Care Pharmacy. - Seroquel 25 mg one tablet by mouth every day at 9:00 PM. Resident missed one dose of medication on 10/23/09, medication technician still waiting for medication.</p> <p>Resident #16 was prescribed Zotran HCL 4 mg one tablet by mouth every four hours as needed for nausea and vomiting. Medication was unavailable.</p> <p>Resident #20 was prescribed Sycotome #1 one drop in each eye PRN for eye discomfort. Medication was unavailable. Medication technician stated the niece will deliver the medication.</p> | Y 878 | | | |

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| Y 878 | Continued From page 4 This was a repeat deficiency from the 11/6/08 State Licensure survey. Severity: 2 Scope: 2 | Y 878 | | |

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